

AFFIDAVIT OF NO INSURANCE

I, _____, due hereby swear that I have no medical health insurance
(print name)
for payment of medical bills associated with my injury sustained during my participation
in intercollegiate athletics. I hereby state that I am not qualified to collect for
medical benefits under the policy of any relative with whom I may, or may not, reside
with.

(Print student athlete's name)

(Student athlete's signature)

(Date)

In witness whereof, undersigned has hereunto set _____ hand and
seal this _____ day of _____, 20__.

(Witness)

(Notary)

(Address)

(Address)